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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/089341

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
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5		1		1		
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7	1		1			
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TOTAL IND.	4		4			
TOTAL DEP.	7		7			
TOTAL CLAIMS	11		11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS